

Case Number:	CM14-0092843		
Date Assigned:	09/12/2014	Date of Injury:	09/06/2012
Decision Date:	10/10/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Chiropractic and Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 36 year old male who reported low back pain from injury sustained on 09/06/12 due to cumulative trauma. Electrodiagnostic studies were unremarkable. Patient is diagnosed with lumbar disc displacement without myelopathy, SI joint inflammation, lumbar myalgia/ myofascitis and thoracalgia. Patient has been treated with medication, physical therapy, chiropractic and epidural injection. It is unknown if the patient has had acupuncture treatment. Per medical notes dated 02/20/14, patient complains of low back pain. Pain is rated at 4/10. Pain is described as aching, stabbing, throbbing, and occurs most often during the night. Pain is reduced by stretching. Examination revealed tenderness to palpation and decreased range of motion. Provider is requesting 6 Acupuncture sessions. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits (if any administered). Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Acupuncture Low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Pages 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". It is unclear if the patient has not had prior Acupuncture treatment or if the request is for initial trial of care. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Acupuncture is used as an option when pain medication is reduced and not tolerated which was not documented in the provided medical records. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment (if any previously administered). There is not enough clinical evidence which would necessitate 6 acupuncture visits. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.